PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as a should be current correspondence address as a should be current correspondence address.

	CE ADDRESS (Note: Use Block 1 for	any change of address)	PE	Fee(s) Transmittal T	f mailing can only be used for his certificate cannot be used all paper, such as an assignment te of mailing or transmission.	for any other accompanying			
P.O. BOX 10395		JUN 2 2 2006		Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
		TA TRADI	SUARK OFF	John G. 1	Rauch	(Depositor's name)			
2/2006 MGEBREM2 00000058 10767491		,	EIMI	-M	(Signature)				
FC:1501 FC:1504	1400.00 OP 300.00 OP			June 19,	(Date)				
C: APPLICATION NO.	FILING BATEO UP	F	FIRST NAMED INV	ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.			
10/767,491	01/29/2004	Thom	nas David Stepher	McClelland	5056				
APPLN. TYPE	LN. TYPE SMALL ENTITY		EE E	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE			
nonprovisional	nonprovisional NO 5			\$300	\$1700	06/21/2006			
EXAMINER		ART UNIT		CLASS-SUBCLASS					
CROSLANI	D, DONNIE L	2636		340-442000	_				
CFR 1.363).	dence address (or Change of 22) attached. tion (or "Fee Address" Indication (or "Fee Address" Indication (or "Fee Address")	Correspondence	registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.									
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI	D RESIDENCE DATA TO B	E PRINTED ON T	HE PATENT (pri	int or type)	onee is identified below the	document has been filed for			
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI	D RESIDENCE DATA TO B	clow, no assignee of this form is NOT	data will appear of a substitute for f	on the patent. If an assigning an assignment.	gnee is identified below, the	document has been filed for			
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN	D RESIDENCE DATA TO B s an assignee is identified b n 37 CFR 3.11. Completion NEE	elow, no assignee of this form is NOT	data will appear of a substitute for f (B) RESIDENCE	on the patent. If an assigning an assignment. E: (CITY and STATE OR	COUNTRY)	document has been filed for			
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN	D RESIDENCE DATA TO B s an assignee is identified b n 37 CFR 3.11. Completion	elow, no assignee of this form is NOT	data will appear of a substitute for f (B) RESIDENCE	on the patent. If an assigning an assignment. E: (CITY and STATE OR		document has been filed fo			
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN SCHRADER-	D RESIDENCE DATA TO Bes an assignee is identified ben 37 CFR 3.11. Completion REE -BRIDGEPORT I	elow, no assignee of this form is NOT	data will appear of a substitute for f (B) RESIDENCE ONAL, IN	on the patent. If an assigning an assignment. E: (CITY and STATE OR	COUNTRY) Deerfield, IL				
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN SCHRADER-Please check the appropriate 4a. The following fee(s) are	D RESIDENCE DATA TO B s an assignee is identified be n 37 CFR 3.11. Completion NEE -BRIDGEPORT I te assignee category or category	elow, no assignee of this form is NOT NTERNATI ries (will not be pri	data will appear of a substitute for f (B) RESIDENCE ONAL, Intended on the paten Payment of Fee	on the patent. If an assignment. E: (CITY and STATE OR NC - 1 Individual (3) (s):	COUNTRY) Deerfield, IL Corporation or other private gr				
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unless recordation as set forth is (A) NAME OF ASSIGN SCHRADER-Please check the appropriate 4a. The following fee(s) are Issue Fee	D RESIDENCE DATA TO Be an assignee is identified be n 37 CFR 3.11. Completion NEE -BRIDGEPORT I e assignee category or category e enclosed:	elow, no assignee of this form is NOT NTERNATI ries (will not be pri	data will appear of a substitute for f (B) RESIDENCE ONAL, II inted on the paten Payment of Fee(A check in th	on the patent. If an assignment. E: (CITY and STATE OR NC • 1 Individual (s):	COUNTRY) Deerfield, IL Corporation or other private greenclosed.				
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unless recordation as set forth is (A) NAME OF ASSIGN SCHRADER-Please check the appropriate 4a. The following fee(s) are Issue Fee	D RESIDENCE DATA TO B s an assignee is identified be n 37 CFR 3.11. Completion NEE BRIDGEPORT I e assignee category or categor e enclosed: small entity discount permitte	elow, no assignee of this form is NOT NTERNATI ries (will not be pri 4b	data will appear of a substitute for f (B) RESIDENCE ONAL IN inted on the paten Payment of Fee A check in th Payment by c	on the patent. If an assigning an assignment. E: (CITY and STATE OR It): Individual SS: e amount of the fee(s) is oredit card. Form PTO-20 is hereby authorized by cl	COUNTRY) Deerfield, IL Corporation or other private greenclosed.	roup entity Governmen			
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unless recordation as set forth is (A) NAME OF ASSIGN SCHRADER- Please check the appropriate As. The following fee(s) are Issue Fee Publication Fee (No. Advance Order - # of Schange in Entity Status as Applicant claims S	D RESIDENCE DATA TO B s an assignee is identified be n 37 CFR 3.11. Completion NEE BRIDGEPORT I e assignee category or categor e enclosed: small entity discount permitte of Copies 10 s (from status indicated above SMALL ENTITY status. See	elow, no assignee cof this form is NOT NTERNATI ries (will not be pri 4b ed) 37 CFR 1.27.	data will appear of a substitute for f (B) RESIDENCE ONAL, In inted on the paten Payment of Fee A check in th Payment by control The Director Deposit Acco	the patent. If an assignment. C: (CITY and STATE OR L): Individual S:: Individual S:: Individual S:: Individual S:: Individual S:: Individual Individual S:: Individual Individual S:: Individual Ind	country) Deerfield, IL Corporation or other private grants enclosed. 38 is attached. harge the required fee(s), or crants (enclose an extended).	edit any overpayment, to tra copy of this form).			
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN SCHRADER- Please check the appropriate 4a. The following fee(s) are Issue Fee Publication Fee (Note and Advance Order - # of the USPTO NOTE: The Issue Fee and If	D RESIDENCE DATA TO B s an assignee is identified be n 37 CFR 3.11. Completion NEE BRIDGEPORT I e assignee category or categor e enclosed: small entity discount permitte of Copies 10 s (from status indicated above SMALL ENTITY status. See	elow, no assignee of this form is NOT NTERNATI ries (will not be pri 4b ed) 37 CFR 1.27. the Fee and Publicat will not be accepted	data will appear of a substitute for f (B) RESIDENCE ONAL, In inted on the paten Payment of Fee A check in th Payment by c The Director of Deposit Acco	the patent. If an assignment. C: (CITY and STATE OR L): Individual S:: Individual S:: Individual S:: Individual S:: Individual S:: Individual Individual S:: Individual Individual S:: Individual Ind	country) Deerfield, IL corporation or other private greenclosed. 38 is attached. harge the required fee(s), or cre-	edit any overpayment, to cra copy of this form).			

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Registration No. 37,218

Typed or printed name _

John G. Rauch

OIPE	
(d) = = = =	, \ \$0.
B JUN 2 2 2006	74
THE CONTRACTOR	\$

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8

Thereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, with sufficient postage, in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450,

on the below date:
Date: June 19, 2006

Name: John G. Rauch

Signature:

BRINKS HOFER GILSON

		N THE	LINITE	D STATES PA	TENT A	ID TR	DEMARK	OF	FICE	&LIONE	
In re	IN THE UNITED STATES PATENT AND TR re Appln. of: Thomas David Stephen McClelland, et al.										
Applr	n. No.:	10/767,491					Examiner: Crosland, Donnie L.				
Filed							Art Unit:	26	36		
For:											
REMOTE TIRE PRESSURE MO SYSTEM				-	ORING						
Attor	ney Docket	No:	1981/	705							
Comm P. O. I	top Issue Fee hissioner for F Box 1450 ndria, VA 223	atents					TRANSI	MIT	TAL		
Sir:											
Attacl	ned is/are:										
\boxtimes	☑ Check for \$1730; Fee(s) Transmittal, in duplicate										
\boxtimes	Return Rece	ipt Postc	ard								
_	Fee calculation:										
	No additional fee is required.										
	Small Entity.		amour	nt of \$ for a _	-mont	h avtanc	on of time ur	der '	37 C F R	£ 1 136/a)	
				n an amount of \$					<i>57</i>	§ 1.150(a).	
	•	-	•	en calculated as sh			3				
						Small Entity Not a Small Entity					
	Claims Rer			Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	or	Rate	Add'l Fee	
Total			Minus			x \$2			x \$50=		
Indep.			Minus			x 10)=		x \$200=		
First P	resentation of N	lultiple De	p. Claim			+\$18)=		+ \$360=		
						То	al \$		Total	\$	
Fee pa	ayment:										
\boxtimes				30 is enclosed to co		•				•	
	Please charge Deposit Account No. 23-1925 in the amount of \$. A copy of this Transmittal is enclosed for this purpose.										
⊠	and any pate	ent applic e require	cation ped to er	ized to charge payr rocessing fees und nsure that this pap	der 37 CFF	R § 1.17	associated	with	this pape	r (including any	

Respectfully submitted, June 19, 2006

Date

John G. Rauch (Reg. No. 37,218)